

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008676

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**
FILED FEB 19 1963

Primary Registration District No. **1003**

Registrar's No. **1329**

STATE FILE NUMBER

VS 300
Rev. 4/59

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28/20/7

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1252-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI		Length of stay in 1b 2 Mo.	c. CITY OR TOWN East St. Louis
c. FULL NAME OF (If NOT in hospital, give location) BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 4019 North Drive
3. NAME OF DECEASED (Type or print) RUTH S. GRAY		4. DATE OF DEATH FEBRUARY 5, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1902
9. AGE (last birthday) 61		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Harrisburg Pa.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Miller		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE George		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No	
16. INTERVIEW NO. 283		17. INFORMANT Esther Schuetz	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF TONSIL		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 145.0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/11/54 to 2/5/63 and last saw her/him alive on 2/5/63 Death occurred at 5:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	
22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 2/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-5-63	
23c. NAME OF CEMETERY OR CREMATORY Cress Hill		23d. LOCATION (City, town, or county) Hillsboro, Ill.	
24. FUNERAL DIRECTOR Robins Funeral Home		25. DATE RECD. BY LOCAL REG. FEB 7 1963	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Protopoff

Licensed Embalmer No.

4356

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.